O7 MAY 11 PH 2: 18

FEC FORM 1

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STATEMENT OF **ORGANIZATION**

	_	·			0	ffice Use Only	_
NAME OF COMMITTEE (in	n full)	(Chec	k if name nged)	Example: If typing, type over the lines.	12FE4M5		_
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ADDRESS (number a	ind street)						_
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COMMITTEE'S FAX	NUMBER	. 1					
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3. FEC IDENTIFI	CATION NUN	MBER ►	Clo	0314575			
4. IS THIS STATE	MENT	NEW (N)	OR	AMENDED (A)			
I certify that I have	examined this	Statement ar	nd to the best	of my knowledge and belief it	is true, correct and	d complete.	_
Type or Print Name	ot Treasurer	Amy	Α.	Abbott, Dep	uty Tro	asurer	
Signature of Treasur	er Am	yA.	Arbo	#	Date 15	70 200	Z
NOTE: Submission of	•			nay subject the person signing to N SHOULD BE REPORTED W		penalties of 2 U.S.C. §437	_ g.
Office Use Only		·		For further information co Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2003)	_